PTO/SB/06 (08-03)

0110	PATI	ENT APPLIC	ATION I	FEE DETER	RMINATION	a collection of info		Applicati 09	on or Docket Nur	nber 6.53
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		NUMBE	NUMBER FILED		R EXTRA	RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))						s	OR		s
OTAL CLAIMS 37 CFR 1.16(c))			minus 20 =			x \$=	•	OR	x \$=	
NDEPENDENT CLAIMS		IS	minus 3			x \$ =		OR	x \$=	
37 CFR 1.16(b)) minus 3 = 1 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR	+\$ =	
If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL	
lf th	e difference in a	olumn 1 is less tha	n zero, ente	er "0" in cotumn 2	2.	TOTAL] OR	IOIAL	
	CL	AIMS AS AME	ENDED -	PART II					071155	711441
2	2706	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	
۲	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	26	Minus	* 33	= /	× s 25 =	-	OR	xsD=	
밁	Independent (37 CFR 1.16(b))	. 6	Minus	-5	= /	× \$ <u>/00</u> =		OR	x@=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 180		OR	+36°	
	THOTTREGEN	7,1,0,1,0,1		<u> </u>		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(0.1 4)		(Column 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY- PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	addi- Tionai Fee
	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•.	Minus	***	-	x \$=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ s =	
	1401112001					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			-,		· ·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total (37 CFR 1.16(c))	•	Minus	••	2	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s =		OR	+ s=	
₹	THOUT INCOME IN THE STATE OF TH							7	TOTAL	T

"" If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.